

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/52562

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$

10 REASON:	8 TO BE REFUNDED BY:
Overpayment	Treasury Check
Duplicate Payment	Credit Deposit A/C #:
No Fee Due (Explanation):	<div style="display: flex; align-items: center;"> 9 <div style="border: 1px solid black; padding: 2px 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div> <div style="text-align: center; margin-top: 5px;">--</div> </div> </div>

11 REFUND REQUESTED BY:	
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TYPED/PRINTED NAME: _____	TITLE: _____ <small>Adjustment Date: 07/25/2005 PRIDWELL</small> SIGNATURE: _____ <small>03/28/2005 HKAYPAGH 00000079 141270 1052562</small> <small>02 461032</small> PHONE: 500.00 CK
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**